

**ARIZONA STATE BOARD OF ACCOUNTANCY**

**100 North 15<sup>th</sup> Avenue, Suite 165**

**Phoenix, Arizona 85007**

**Phone 602-364-0804**

**Facsimile 602-364-0903**



**AFFIDAVIT**

**REQUEST FOR EXEMPTION - PEER REVIEW**

I, the undersigned, as managing partner for the firm, hereby acknowledge under the penalty of perjury that, pursuant to A.A.C. R4-1-454(I):

Please check appropriate box (check only one):

- ☐ 1. The firm has not previously practiced public accounting in this state, any other state, or a foreign country and the firm will undergo a peer review within 18 months of initial registration.
- ☐ 2. The firm states that all of the following apply:
- Within the previous three years, the firm did not undertake any engagement that resulted in the firm issuing a restricted financial services, full-disclosure, or non-disclosure compilation;
  - The firm agrees to notify the Board within 90 days after accepting a restricted financial services or full-disclosure compilation services engagement and will undergo a peer review within 18 months from the year-end of the engagement accepted; and
  - The firm agrees to notify the Board within 90 days after accepting a nondisclosure compilation engagement.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Firm Name (please print)

\_\_\_\_\_  
Firm License Number

I declare, under penalty of perjury, that the information contained in this Affidavit is true and accurate. I understand that if the information contained in this Affidavit is found to be false or inaccurate, it would constitute grounds for the Board to take disciplinary action for violations of A.R.S. § 32-741(A)(9) and (14), and that such disciplinary action could include suspension or revocation of registration/certification. By my signature, I verify that I have read and understand everything contained in the foregoing Affidavit.

\_\_\_\_\_  
Managing Partner (please print)

\_\_\_\_\_  
Managing Partner (signature)